



Eddie Baza Calvo

Governor

Ray Tenorio

Lieutenant Governor

Department of Administration

(DIPATTAMENTON ATEMENSTRASION)

DIVISION OF ACCOUNTS

(DIBISION KUENTA)

Post Office Box 884 Hagatña, Guam 96932

Tel: (671) 475-1266/1166 Fax: (671) 472-8483



Benita A. Manglona

Director

Anthony C. Blaz

Deputy Director

AFFIDAVIT OF FORGED CHECK

GUAM U.S.A.,)
(ss.:
City of Hagatña.)

_____, village of _____ Guam U. S. A., residing at _____
_____, Guam, being duly sworn, deposes and declares that certain check(s):

| Number | Dated | Amount | Payable to |
|--------|-------|--------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

And purporting to be signed by _____ and endorsed by _____
_____ and cashed at _____ was not issued or
signed by Affiant, and that the signature to said check(s), and that no part of the money so paid by the said bank was
received by him/her, directly or indirectly, and that no part of said money was applied to any use or purpose in his behalf.

Affiant's Name

Affiant's Name

In witness whereof, I have hereunto set my hand and affixed my official seal on this _____ day of _____, 20____ as a Notary Public in and for the Territory of Guam, U.S.A.

WITNESS my hand and official seal.

)SEAL(

NOTARY PUBLIC



Eddie Baza Calvo
Governor
Ray Tenorio
Lieutenant Governor

Department of Administration
(DIPATTAMENTON ATEMENSTRASION)
DIVISION OF ACCOUNTS
(DIBISION KUENTA)

Post Office Box 884 Hagatña, Guam 96932
Tel: (671) 475-1260/1169 Fax: (671) 472-8483



Benita A. Manglona
Director
Anthony C. Blaz
Deputy Director

SIGNATURE SPECIMEN

_____ of _____
and _____

(Please **sign** identically on lines 1 thru 5; **other payee**, if applicable, must sign on lines 6 thru 10)

PAYEE:

1 . _____
2 . _____
3 . _____
4 . _____
5 . _____

SPOUSE / CO-PAYEE

6 . _____
7 . _____
8 . _____
9 . _____
. _____